



# Family Medicine Moments

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I am always moved when a former resident reaches out years later with a story from their clinical work in their community. It makes me think that we had some small part in creating reflective practitioners that take time to examine their role with their patients and their community. This week Chris Chang, a graduate of Barre Family Health Center, who now works at Austin Regional Clinic in Austin TX, writes about a topic that all clinicians think far too much about - paperwork. When asked what we would change to make our specialty better, almost every family doc says, "less paperwork". And yet, Chris puts this all in perspective with his thoughtful piece. I also love his commentary on going to a funeral of a patient. Every time I have done the same, I have learned so much about the patient, their family - and also about myself. Let Chris' words inspire you all.

## Paperwork

Working in our 'paperless' EHR environment, I despise the amount of paperwork in clinical medicine. Most of the things that as primary care doctors we are asked to take responsibility for, (such as signing off on physical therapy referrals or acknowledging days-old home health nursing vital signs alerts,) are completely meaningless and don't need to be done. Yet someone needs to do it, someone needs to pick up the shovel, and so we sigh and we groan, just do it.

Stewart was a long-time patient at our office who I had the privilege of caring for him during the last phase of his life. Unfortunately, many in the office were familiar with him due to his recurrent episodes of gastroparesis, vomiting with aspiration, and pain crises from abdominal distension. His cerebral palsy had racked his body but never diminished his spirit. No matter how much pain he was in, I could always count on seeing him with a big smile on his face and a

burnt orange t-shirt emblazoned with a University of Texas slogan. He eventually succumbed to complications from surgery but luckily by then was already on home hospice.

Stewart's funeral was being held during the delta surge (remember those days?!). Though I've had patients pass before, this was the first time I was invited to attend the service. Even with the risks of gatherings during Covid, it seemed improper if not downright disrespectful and ungracious not to go. I wasn't sure what to expect from the family. I had not spoken to them since his pain pump placement (for which I had signed his pre-op clearance) had gone south and led to a death spiral of care. I had sporadically received admission notices, discharge summaries, home health referrals—all the liminal jetsam of transitional care that goes to the 'PCP of record'. Despite the number of documents, it was impossible to tell at any given time if he was actually improving or worsening, and I felt too guilty to ask.

The service was simple, heartfelt, and attended only by close friends and family—fitting in every way for Stewart himself. During the eulogies, I learned so much more about him than what was evident through his medical care. I already knew that Stewart had a sister Jenny, who had been my main point of contact when calling Stewart. I didn't know that they had a total of eight siblings who were scattered around the country. I knew that Stewart liked sports, especially UT football. I didn't realize that he had a designated midfield front row seat. I knew that Stewart liked music. I never knew that he had worked with his music therapist on composing and compiling his own albums.

After the service I waited my turn to speak with Jenny. Even under the somber circumstances, she was composed and trying to smile. She lit up with surprise when she saw me. "I didn't think you would come!" She hugged me, then proceeded to introduce me to the other family members. Most of them I had never spoken to before, let alone met. "This is Dr. Chang! This is Stewart's doctor!" The epithet felt disingenuous given how little I had to do with his care toward the end. The family, however, was grateful to meet me and for whatever they thought I had done.

Jenny turned to me abruptly. "And thank you so much for the paperwork! The Ensure shakes!" I was caught off guard, but the importance of a daily nutritional supplement for an adult male who weighed only 78 pounds due to chronic nausea could not be overstated. Thankfully, my mask hid my chagrin. Two people overheard our conversation and came to introduce themselves: representatives from his medical supply company and his daytime activities program. They knew more about me than I knew about them, but again not for anything related to my medical acumen or my clinical skills. They shook my hand, still a strange feeling in the times of Covid, and thanked me for always promptly completing paperwork so that Stewart could continue his services without any gaps.

It had never dawned on me the importance of all this seemingly unnecessary paperwork, the forms, the referrals, the notices, the orders. Each scrap of paper was tied in a practical way to

something that had a significant impact on somebody's life. The timely completion and return of that paperwork could mean the difference between a patient receiving their medical services on time or going a week uncared for. In the end, the paperwork was a trivial annoyance in my daily work but had a substantial impact in improving Stewart's life and easing his death. I'll try to remember that lesson the next time I decide to procrastinate finishing the stack of folders on my desk.

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